PTO/SB/06 (08-03)

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Substitute for Form PTO-875 0 CLAIMS AS FILED - PART I OTHER THAN OR (Column 1) SMALL ENTITY (Column 2) SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA RATE FEE RATE FEE **BASIC FEE** (37 CFR 1.16(a)) OR TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 = X \$ OR INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 = OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR * If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 1) (Column 2) (Column 3) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST REMAINING NUMBER PRESENT RATE ADDI-RATE ADDI-**AFTER PREVIOUSLY EXTRA** ENDMER TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Total (37 CFR 1.16(c)) Minus 150 OR Minus s 200= 200 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL 350 ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST 8 REMAINING PRESENT NUMBER RATE ADDI-RATE ADDI-ENT PREVIOUSLY **AFTER EXTRA** TIONAL TIONAL MENDMENT PAID FOR FEE FEE ENDMI Total Minus (37 CFR 1.16(c)) OR Independent (37 CFR 1.16(b)) Minus OR X S FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING PRESENT NUMBER RATE ADDI-RATE ADDI-ENDMENT **AFTER EXTRA PREVIOUSLY** TIONAL FEE TIONAL AMENDMENT PAID FOR FEE Total (37 CFR 1.16(c)) Minus X S OR Independent (37 CFR 1.16(b)) Minus = OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR = TOTAL TOTAL ADD'L FEE OR ADD'L FEE If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Application or Docket Number patent application fee determination record Effective October 1, 2003 CLAIMS AS FILED - PART I Small entity OTHER THAN (Column 1) (Column 2) TYPE OR SMALL ENTITY TOTAL CLAIMS. RATE FEE RATE FEE . BÁSIC FEE 385.00 BASIC FEE 770.00 FOR NUMBER FILED NUMBER EXTRA -OR TOTAL CHARGEABLE CLAIMS minus 20= XS 9= XS18= OR INDEPENDENT CLAIMS minus 3 = X43= X86= OR MULTIPLE DEPENDENT CLAIM PRESENT **+145**= ÷290= OR If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL Claims as amended - Part II OTHER THAN SHALL ENTITY SMALL ENTITY OR (Column 1) (Column 2) (Column 3) HIGHEST CLAIMS ADDI-ADDI-Ø REMAINING NUMBER PRESENT TIONAL RATE TIONAL RATE PREVIOUSLY AFTER ENDMENT **EXTRA** FEE FEE AMENDMENT PAID FOR Minus X\$18= Total X\$ 9= OR Independent Minus X86= X43= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +290¤ +145= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-8 REMAINING NUMBER PRESENT TIONAL RATE TIONAL RATE PREVIOUSLY **AFTER EXTRA** AMENDWENT FEE AMENDMENT PAID FOR BEE Total Minus X318= XS 9= OR Independent Minus X85= X43= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM **4145**= <220a OR TOTAL TOTAL ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) HIGHEST CLAIMS ADDI-ACOM-U REMAINING NUMBER PRESENT TIONAL MONAL PREVIOUSLY RATE RATE AFTER EXTRA AMENDMENT PAID FOR AMENDMENT FEE BEE Minus Total 00 X\$ 9= XS18= OR Minus Independent X43= X85= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

OR

OR

+2**80**=

+145p

ADDIT. FEE

TOTAL

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." omen the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate from in column. 1.